

Date: _____

Product Name: _____

Manufacturer: _____

Address: _____
Street or P.O. Box City State Zip Code

Address of company website: _____

Facility Contact Name: _____

Facility Phone Number: _____ Ext. _____

Facility Contact Email: _____

Latitude*: -37.857193 Longitude*: 175.680115

*Please use [Google Maps](https://www.google.com/maps) to obtain this information. Please use decimal degrees only.

Recommended Use: _____

Applicable Specifications: _____

Whom have you contacted at the MDOT? _____

Has this proposal been made previously? Y/N: ____ If yes, when? _____

Person completing the form: _____

Address: _____
Street or P.O. Box City State Zip Code

Phone Number: _____ Ext. _____

Email: _____